Annotation

HOW SHOULD ORTHOPAEDIC SURGEONS RESPOND TO UNSOLICITED E-MAIL?

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The Internet and the world wide web with their potential for electronic communication have facilitated access by the public to a vast range of information. Usage of the Internet in November 2000 was estimated to be by 407 million people.¹ Presently, 40% of UK residents have some access to the Internet and one Harris Poll (February 1999) suggested that 68% of people use it to access information concerning health care.

Medical literature is now easily downloaded from the web. Hospitals, trusts and individual practitioners are eminently accessible over the Internet either through web pages or individual e-mail addresses. While these serve to provide information to the public regarding facilities and services available at an institution or by a particular practitioner, there are associated problems. The accessibility of medical services through the Internet and the increasing use of e-mails for efficient communication have resulted in an expansion in the number of solicited and unsolicited e-mails received by doctors from patients. This observed trend is not entirely surprising in an era in which patients are better informed and demand more from both hospitals and practitioners.

We have evaluated a sample of the e-mails received by one orthopaedic surgeon (CWO) practising at a busy trauma unit in Scotland.

Methods

All unsolicited e-mails received over a period of six weeks were collected and categorised under the following headings: a) requests for information; b) requests for advice or opinion; c) requests for treatment; d) requests with clear implications for litigation; and e) the country of origin where known. Some fell into more than one category and were included in all which were relevant.

A standard reply was sent to all² together with an invitation to arrange a formal consultation with the consultant if the patient so wished. The foot of the e-mail carried the following disclaimer: "This e-mail is intended only for the use of the individual or entity to which it is addressed and may contain information belonging to the sender which is protected by the physician-patient privilege. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this e-mail in error, please notify the sender immediately and delete the e-mail."

Results

Twenty e-mails were received over the period and the results are summarised in Table I. The male-to-female ratio of the senders was 50:50.

The ages and social characteristics of the senders were not immediately apparent from the messages although six obviously came from outside the UK. Four were from within the UK and in the remaining ten the country of origin was not clear.

Ten (50%) e-mails had requests purely for information on a variety of conditions and nine (45%) asked for advice and four (20%) for treatment. Three of the four requesting treatment were from overseas (Kuwait and Pakistan). Three related to injuries sustained at work and one of these had a clear legal implication. Six other e-mails requested information or advice with implications for litigation but only one of these clearly stated that legal proceedings were underway. Two were pursuing further proof or evidence and two asked leading questions suggestive of potential medicolegal endpoints. One requested a video of an orthopaedic procedure for use as evidence in a legal case. Twelve of the 20 enquiries were regarding chronic problems such as pain in the shoulder, back or hip.

Four patients responded to the standard reply. One sent the original message again one week later. Another wrote on two further occasions requesting information in spite of receipt of the standard reply. One patient responded to the standard response with an e-mail reiterating that the request was for information of a public nature rather than for unsolicited advice. One thanked the surgeon and planned to

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Table I. Summary of the e-mails received over the six-week period

	Number of patients	Conditions
Requests for information	10	Nonunion of tibia (2) Spondylolisthesis (2) Osteochondromatosis Treatment of rib fractures Request for video of intramedullary nailing procedure Hand reconstruction Carpal tunnel syndrome after surgery for trigger release Shoulder pain
Requests for advice/opinion	9	Köhler's disease Injury to the head of the radius Delayed fixation of a hip with long-term pain Recommended surgeon Shoulder pain Slipped disc Management of a medically high-risk patient before and after operation Shoulder pain
Requests for treatment/appointment	4	Slipped disc Fitting of a prosthesis Injury to the head of the radius
Requests with legal/litigation implications	6	Delayed fixation of a hip fracture and long-term pain Request for video of intramedullary nailing procedure Injury to the head of the radius Carpal tunnel syndrome after surgery for trigger release Management of medically high-risk patient before and after operation Shoulder pain
Country of origin	2 1 1 1 1 4	Kuwait Pakistan Malta Romania South Africa UK

attend their GP. Sixteen patients made no further contact after receiving the standard reply. Of the four responders noted above, one sent three e-mails which had implications for litigation. None of the patients so far has followed up their e-mail with a request for an appointment.

Discussion

Over the next few years the Internet will experience a dramatic rise in the number of users. Medical practitioners who are accessible either through individual or institution-based websites, or through personal e-mail systems, will not be immune to this increase.

While a well-informed, knowledgeable patient is the ideal endpoint to this 'health-care surfing,' this is often far from the case. Since there is no regulatory body controlling advice and information given over the Internet, the result can be detrimental rather than advantageous.³⁻⁷ In the *Wall Street Journal*, Petersen⁸ pointed out that: "The World

Wide Web has become a cornucopia of unpoliced health information where, with the click of a mouse, a patient can get good advice from the nation's top hospitals or, at the other end of the scale be seduced by kooky concoctions claiming to cure everything from cancer to AIDS".

The resultant rise in solicited and unsolicited e-mails will be readily familiar to medical practitioners whose personal details are freely available. Extrapolation of results from the current study suggests that in excess of 160 e-mails per year will be received by the orthopaedic consultant. This figure can be expected to rise considerably, particularly if our use of the Internet follows the trend seen in the USA. One American study evaluated all unsolicited e-mails received at a paediatric centre over a period of 33 months between 1995 and 1998. There were 1001 e-mails from parents, guardians or relatives, 364 per year.⁹ A further study of 23 providers of health information suggested a figure of 4.4 e-mails per week.¹⁰

It is not entirely clear why patients choose to consult

across the Internet. Our study suggests that unresolved legal problems and the possibility of better health care than offered in the country of origin may be factors. Previously, it has been thought that one of the main driving factors may be the frustration associated with chronic conditions¹¹ and lack of information, particularly regarding specialised areas of medicine, provided by the family practitioner.^{12,13} Our findings support this view.

Solicited electronic communication between patient and doctor may have its merits. E-mail communications are often less intimidating than face-to-face consultations. They may be associated with improved patient understanding and can result in more questions being answered for a greater number of patients.¹⁴ There are, however, potential difficulties associated with the use of e-mail for patient-doctor correspondence, not least of which are the lack of security and problems with central record-keeping. Guidelines as to how best to respond to solicited e-mails have previously been published in the USA by the American Medical Information Association Working Group.¹⁵

How can unsolicited e-mails best be dealt with? Many practitioners do not respond at all and in one study assessing the response to e-mail regarding infection by herpes zoster in a fictitious patient on immunosuppressive therapy, 50% of practitioners acted in this way.¹⁶ Of those who did respond, 93% recommended that the patient should see a medical practitioner. Failure to answer (47%) was demonstrated in a more recent study evaluating the response of anaesthetists to e-mails from a fictitious patient.¹⁷ It is worrying to note that in both studies a proportion of practitioners who did respond suggested a possible diagnosis and/or treatment for the patient. It can be foreseen that problems may arise if the patient relies on the presumptive diagnosis made by the distant practitioner. Although what constitutes a 'relationship' in telemedicine has yet to be fully established, it can be seen that in the above circumstances a two-way interaction between doctor and patient has occurred. This could arguably constitute a relationship, albeit tenuous, from the point of view of the doctor or surgeon. It could be suggested that by entering into such an exchange, the doctor is undertaking to provide care to the patient.¹⁸ This has been further emphasised by Eysenbach¹⁶ who highlighted the difficulties associated with defining the boundaries of telemedicine and differentiating health information from treatment. "The more health information is personalised and tailored to the individual, and the more it encourages the receiver to act upon the advice, the more we are moving within the continuum from giving health advice towards attempting to treat, and thereby practising medicine."

It is apparent from the studies to date that there is no clear consensus on how best to deal with unsolicited e-mails. While every practitioner has the right to maintain their autonomy, doctors should remember that they are not duty-bound to respond to unsolicited e-mails and when they do choose to do so it would be wise to tread carefully. Our

findings support this view, since a significant number of the cases had potential legal implications. This should be borne in mind when considering how best to respond. It is easy to envisage how the unsuspecting practitioner could inadvertently become embroiled in medicolegal disputes which are best avoided. The use of disclaimers to allay responsibility for information or advice given is controversial since these have yet to be tested legally. Not responding to such e-mails is clearly a path followed by many practitioners. Others, however, believe that this approach while "doing no harm" is also "doing no good" and do not advocate it.¹⁹

Eysenbach¹⁶ has recently outlined the view of medical associations in Europe and the USA regarding the management of unsolicited e-mails requesting advice or treatment. How doctors utilise the guidelines and the effects on various outcome measures, such as patient and doctor satisfaction, demands on time and the legal implication, has yet to be evaluated.

In the UK, the General Medical Council (GMC) has issued the following guidelines:

"Consultations and prescribing by e-mail may seriously compromise standards of care where:

- 1) the patient is not previously known to the doctor;
- 2) no examinations can be provided; and
- 3) there is little or no provision for appropriate monitoring of the patient or follow-up care."

These guidelines do not prevent practitioners from becoming involved in doctor-patient relationships, but aim to highlight some of the associated problems. In our centre, Oliver² sends a standard reply to all unsolicited e-mails which is based on the GMC guidelines outlined above as follows:

"I am sorry but I cannot answer unsolicited questions sent from patients or relatives to me either by e-mail or through my website. Clinical advice must be obtained from your general practitioner or surgeon. Unsolicited e-mails asking for medical advice, surgical or physician referrals, and sources of medical information will not be answered."

This standard response is supplemented by an invitation to arrange a consultation if required.

The response to this e-mail varied in the present study. For the most part, no further e-mail communications between the patient and the consultant occurred, although there were four responders.

Whether the use of a standard response is the most appropriate approach is difficult to evaluate. Telemedicine is a new and rapidly evolving by-product of Internet technology, but the potentially sensitive nature of the patient-doctor relationship and the absence of tried and tested legal standpoints necessitate caution. In this climate of uncertainty the adoption of a standardised policy for reply is recommended. This will help to ensure that potentially turbulent situations are avoided. There is no blurring of the boundaries of dutiful care and the well-meaning practitioner can operate safely.

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